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BULLETIN
AMERICAN COLLEGE *of* SURGEONS

VOL. VI JANUARY, 1922 NO. 1

HOSPITAL STANDARDIZATION SERIES

GENERAL HOSPITALS OF 100 OR MORE BEDS

REPORT FOR 1921

AMERICAN COLLEGE OF SURGEONS
40 EAST ERIE STREET :: :: CHICAGO

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HOSPITAL STANDARDIZATION

THE following pages contain a report on the standardization of hospitals for the year 1921. Since the inception of this movement in 1915, and after the minimum standard was evolved from the combined experience of surgeons, internists, and hospital executives, it has met with increasing recognition, until today 75 per cent of the hundred bed hospitals in the United States and Canada have adopted it.

Surely the time for debate has passed. It is beside the mark to argue the wisdom of a movement which has enlisted the co-operation of three-fourths of hospital America. Any advance in medicine must begin—and end—with the welfare of the patient. He must be at once the actuating impulse and the final beneficiary. Just as surely as the patient is benefited, so also will be the doctor and the hospital. And precisely because the minimum standard was evolved to bring every group in the hospital together to work for the patient, it has created an organization which has resulted in better work for the individual surgeon, internist, hospital superintendent, and nurse.

The minimum standard embodies the basic principles of scientific research. Research begins with securing facts, compiling facts, analyzing facts. This done, Research draws tentative conclusions gained from analysis of the facts. These conclusions, if supported by sufficient evidence and corroborated by practice, become known as scientific truths.

This standard consists of a working arrangement by which these same principles of research are applied daily in the hospital for the benefit of the patient. Accurate, adequate case records, modern laboratory equipment manned by skilled technicians—what are these but provisions to marshal the facts before the physician for examination? The monthly clinical staff meeting—what is this but an opportunity to test out the data which the records and laboratories have furnished? Insistence on competent and ethical practitioners—what is this but a guarantee that the interpreters of the facts regarding each patient are skilled medical men, on whose judgment the public has every right to rely? The working formula for this program is the minimum standard which follows:

THE MINIMUM STANDARD

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word *staff* is here defined as the group of doctors who practice in the hospital inclusive of all groups such as the "regular staff," the "visiting staff," and the "associate staff."

2. That membership upon the staff be restricted to physicians and surgeons who are (a) competent in their respective fields and (b) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.

3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations, and policies specifically provide:

   a. That staff meetings be held at least once each month. (In large hospitals the departments may choose to meet separately.)

   b. That the staff review and analyze at regular intervals the clinical experience of the staff in the various departments of the hospital, such as medicine, surgery, and obstetrics; the clinical records of patients, free and pay, to be the basis for such review and analyses.

4. That accurate and complete case records be written for all patients and filed in an accessible manner in the hospital, a complete case record being one, except in an emergency, which includes the personal history; the physical examination, with clinical, pathological, and X-ray findings when indicated; the working diagnosis; the treatment, medical and surgical; the medical progress; the condition on discharge with final diagnosis; and, in case of death, the autopsy findings when available.

5. That clinical laboratory facilities be available for the study, diagnosis, and treatment of patients, these facilities to include at least chemical, bacteriological, serological, histological, radiographic, and fluoroscopic service in charge of trained technicians.

The minimum standard is, in essence, an arrangement by which the hospital can insure its patients the best care known to the science of medicine. We have shown how it provides an application of the principles of scientific research to the care of the patient—the same principles which the individual doctor or surgeon uses for arriving at a diagnosis. And because medical men the country over were quick to see not only the practical but the scientific basis underlying the minimum standard, they have given it, in increasing numbers, their unqualified support.

THE ANALYSIS OF SERVICE

During these days much thought is being given to find the most effective means to review the clinical work of the hospital. The data as indicated on page 8 are found by a number of hospitals to be of stimulating value when presented to the staffs. Copies of these data are placed in the hands of each member of the staff; point by point the data are reviewed and the responsibility for the character of the data is shared by each staff member.

In order to compile the data called for on the sheet, it is suggested that a daily review be made of the records of patients discharged. This review will include information under each of the headings of the sheet. When a daily record is kept in this fashion, the summary for the month is merely a matter of arithmetic.

From time to time exhibits are made showing these data comparatively through a series of months. In addition to these data some definite report of the laboratory service of the hospital is helpful. This report should show the extent to which the laboratory is used; and in this connection questions as to the adequacy and competence of the laboratory service should be raised by the staff. The staff should especially recognize good work on the part of the pathologist. All gross material removed at operations should go to the pathologist for report; and the case record of each death in the hospital together with the autopsy record, when available, should be presented as a routine at the next succeeding staff meeting.

THE DIVISION OF FEES

The division of fees, or fee-splitting, is the buying and selling of patients. The practice exists in various forms, but the most usual form is as follows: A general practitioner makes a diagnosis in which surgical interference is indicated. He then refers the patient to a surgeon for operation. The surgeon operates, collects a fee, and sends to the physician one-third or one-half of the fee, this last transaction being unknown to the patient. Sometimes the physician collects the fee "for the surgeon" and retains his percentage as agreed with the surgeon.

Sometimes the fee is divided with the explanation to the patient that the physician "assists the surgeon" or gives the anæsthetic. In many such instances the explanation is a subterfuge for fee-splitting. A competent surgeon usually has a regular assistant and an anæsthetist with whom he is accustomed to work, and is more able in this way to do good work than if he permits each referring doctor to assist him.

Undoubtedly the physician should be paid for the study and diagnosis of a surgical case. But he should be paid directly for this service by the patient. In the same way the surgeon should be paid directly by the patient. The surgeon can frequently be of service to the physician and to the patient by explaining to the patient the value of the study and diagnosis made by the physician. But the accounts of the physician and of the surgeon should not be confused or rendered to the patient as a single statement.

The evils of fee-splitting are, first, that it makes for incompetent surgery. The surgeon who is party to the practice gets his cases usually not upon the basis of merit but upon the basis of the percentage of fees collected that he will give to the practitioners. The more incompetent he is, as a rule, the larger a percentage of the fees he gives to his co-fee-splitters.

Second, fee-splitting makes for unnecessary surgical operations. Under the fee-splitting system surgery becomes a commercial enterprise and not a professional service. Both the physician and the surgeon tend to make surgical diagnoses without adequate study, and the result is unnecessary surgery. Much of the unnecessary surgery of our present day is due directly to fee-splitting.

Third, fee-splitting, by introducing dishonesty into medical practice, lowers the entire medical profession in the estimate of the public. The fee-splitter, for example, says to his patient that he refers him to a most competent surgeon, when he knows well enough that if he, the physician, were to be operated upon, he would select another surgeon. Further, the fee-splitter usually poses before his patient as having received little or no fee for his services when, as a matter of fact, he has received a large fee indirectly from the patient. He holds such a fee really as a theft.

The great majority of physicians and surgeons are eager to put an end to all fee-splitting. They ask hospital trustees to help them in this matter

by excluding fee-splitters from the privileges of practice in hospitals.

It is easy to devise a system of rules which—on paper—is perfect. It is quite another matter to evolve a standard of such simplicity that it stands the test of actual conditions in hospital work. Whether the minimum standard is eminently practicable in the every day administration of hospitals is best answered by the following report:

THE ACCEPTANCE OF THE PROGRAM

In 1918, of the general hospitals of one hundred or more beds in the United States and Canada, 89 met the standard. In 1919, 198 fulfilled the requirements; in 1920, 407, or 57 per cent, met the standard; and this year 579 or 76 per cent of the 764 general hospitals are on the "approved" list.

Further, what has been the experience of other organizations interested in hospital betterment? Manifestly, their reaction toward the program furnishes another reliable index as to its applicability. A decided impetus has been given to hospital standardization by the acceptance and endorsement of the minimum standard by such influential and powerful organizations as the American Hospital Association, the Canadian Medical Association, the Catholic Hospital Association, the Conference Board of Hospitals and Homes of the Methodist Church, the Medical and Surgical Section of the American Railway Association, the Methodist Hospital Association, the Protestant Hospital Association, and numerous state, provincial, and local organizations.

What do hospital superintendents of experience think of the minimum standard after they have seen it in actual operation for a period of years? Quick to recognize its advantages, their endorsements have been numerous. The following quotation from Mr. Frank Chapman, Director of the Mt. Sinai Hospital, Cleveland, serves as a representative example:

"Certainly the establishment of a laboratory for purposes of check is just as essential in handling human life as in handling inert commodities. Certainly the recording of a performance is just as essential in a hospital as are the production records of any manufacturing plant. It is undebatable that the only exact way of improving our future performance is on a basis of study of our actual performance in the past, and certainly the basis of that study must be as exact as it is humanly possible to make it. Therefore, the establishment of a practice of routine complete case histories is, without a doubt, sound. The desirability, and in fact necessity, of a laboratory is equally undebatable. The necessity for regular staff meetings at which can be discussed, in an impersonal and unbiased way, the performance of that staff, cannot help but be productive of great good to the performance of the whole. Is it not these things and these things alone that the College is asking for in its minimum standard?

"These procedures do not require large expenditures of money, but they do require a very material increase in expenditure of energy and endeavor, and require bringing to the problem of hospital administration an ideal of scientific medical practice that, if followed, cannot help but bring the hospital performance of the country as a whole to a higher plane than has ever been attained in the past."

As another instance, the following opinion from Dr. Louis H. Burlingham, superintendent of the Barnes Hospital, St. Louis, is presented:

"To reduce the whole problem to its simplest terms, I believe it a self-evident fact that any hospital superintendent would prefer to be connected with a hospital where every patient is guaranteed the best possible care. There is no question that the minimum standard as set forth by the American College of Surgeons contributes markedly toward this end. Therefore, if he has any criticism it can only be that the standard does not perhaps go quite far enough."

Hospital staff-members have been similarly responsive, as is evidenced by this viewpoint from a surgeon, Dr. Irvin Abell, of Louisville, Kentucky:

"Now that the ideals of hospital standardization have been demonstrated to be advisable and attainable and are in process of consummation, the advantages both to the physician and patient are so potent one marvels that the recognition of their need has been so tardy.

"Standardization does not imply commercialism; this would be as objectionable in the medical profession as in the profession of the ministry. But it does imply that all patients, rich and poor, receiving treatment in recognized hospitals will be assured of competent and efficient service fully meeting the requirements and standards which knowledge, experience, and humanitarism demand as the unequivocal right of the sick at the hands of those to whom their health and well-being are entrusted.

"It applies the great moral force of man's duty to man, which by its appeal to reason as well as to the heart leads the hospital authorities and the doctors practicing in such institutions so to realize the modern addenda to medical and sur-

gical knowledge and so to correlate the work of hospital management with the work of doctors, nurses, and technicians, that the patient is assured of proper and competent treatment in so far as it is humanly possible to secure it."

THE METHOD AND SCOPE OF THE WORK

The hospital surveys of the College are conducted through a trained corps of hospital visitors, all of whom are graduates in medicine. Their purpose is to explain the minimum standard, to interpret its application to each hospital, and to offer constructive criticism and helpful suggestions to remedy any existent shortcomings. Upon these detailed personal surveys, the College is dependent for an accurate estimate of each hospital's status relative to the minimum standard.

The work of these visitors of the College is to collect exact information as to the extent to which each hospital visited fulfills the minimum standard. The visitor's card as shown on the following page indicates the manner in which the data are recorded. On the face of the card the visitor reports concerning staff meetings, case records, and laboratory service; on the reverse side of the card concerning number of deaths, autopsies, and the extent to which the clinical histories in relation to autopsy findings are reported to the staff. General notes and the names and positions of persons interviewed by the visitor are also recorded.

An important adjunct to the work of the hospital surveyors has been the emphasis placed on hospital standardization at the state and provincial sectional meetings of the College. At these meetings conferences are held which are devoted to a discussion of pertinent hospital problems by those intimately connected with hospitals. In addition, the community interest is stimulated at public meetings where the benefits of hospital standardization are portrayed.

In 1920 the general hospitals of one hundred or more beds in the United States and Canada were visited. A complete report of the survey of 1920 is contained in bulletin No. 1, Vol. V, issued by the College in January, 1921. This year particular attention has been directed toward those hospitals which in 1920 either were not included in the list or which were listed with an asterisk. Hospitals which were fully approved in 1920 were not as a routine visited this year, although in all probability visits to these institutions will be resumed in the future.

In addition, 704 general hospitals of fifty to one hundred beds were visited during the past two years; 306 in 1920 and 398 in 1921. As there are approximately 854 of these smaller hospitals in the United States and Canada, 150 remain to be visited. Of these 704 visited during 1920 and 1921, 176, or 25 per cent of the total number, met the standard. The individual listing of this group of institutions will appear next year.

THE PROGRAM FOR THE FUTURE

Consequently, the survey of 1922 will be extended to include all general hospitals of fifty or more beds in the United States and Canada. Of these institutions already visited, many showed a working knowledge of the minimum standard and evinced an active desire to cooperate. The percentage of these meeting the standard at their first visit compares favorably with the percentage of hundred bed hospitals which were approved on their first inspection. If proof were needed of the universal application of the minimum standard, its acceptance by the smaller hospitals would furnish it. Stressing only broad fundamentals, the minimum standard molds itself to meet specific needs, nowhere impeding initiative or fettering judgment. Rightly conceived and carried out, it makes the hospital the proved guardian of the community health, rendering scientific service to all.

File No._____ **AMERICAN COLLEGE OF SURGEONS** Date_____

CHICAGO

Visitor_____

Hospital_____ Capacity_____ Internes_____

Address_____ Type_____ Grad. nurses_____

Superintendent_____ Affiliation_____ Pupil nurses_____

I. STAFF ORGANIZATION

1. Does staff meet at regular intervals?_____

2. If so, how often?_____

3. Does staff consider character of work relative to right care of patients?_____

4. Is the practice of "division of fees" permitted?_____

II. CASE RECORDS

	FREE	PAY	PRIVATE
Personal History			
Physical Examination			
Working Diagnosis			
Laboratory Findings			
Treatment or Operation			
Progress Notes			
Final Diagnosis			
Condition on discharge			

Notes_____

III. CLINICAL LABORATORIES

	IN HOSPITAL	OUT OF HOSPITAL
Chemical		
Bacteriological		
Serological		
Histological		
Radiographic		
Fluoroscopic		

Head Lab. Technician: Trained___ Full-Time___ Part-Time___

X-Ray Lab.Technician: Trained___ Full-Time___ Part-Time___

Records kept in Lab.: Pathological_____ X-Ray_____

Notes_____

Form D

IV. AUTOPSIES

1. No. of deaths in last year_____ No. of autopsies_____

2. Does pathologist meet with staff to review clinical history in relation to autopsy findings?_____

Notes_____

V. GENERAL NOTES

VI. PERSONS INTERVIEWED AND THEIR POSITION

FORM OF REPORT USED BY THE COLLEGE HOSPITAL VISITORS

ANALYSIS OF HOSPITAL SERVICE

for month ending _____

DISCHARGED

Cured	
Improved	
Relieved	
Unimproved	
To return for secondary operation	
Admitted for diagnosis only	
Deaths within 48 hours	
Deaths institutional	
Released	
Labor	
Newborn	
Total discharged	

DIAGNOSES

Provisional and final agree	
Provisional and final disagree	
Discharged with additional diagnosis	
Discharged with no diagnosis made	
Labor	
Newborn	
Total discharged	

INFECTIONS

Institutional		On Admission	
Medical		Medical	
Surgical		Surgical	
Obstetrical		Obstetrical	
	Total infections		

CONSULTATIONS

Asked and obtained	
Asked, not obtained	
Indicated, not asked	

DEATHS

Medical	
Surgical	
Obstetrical	
Newborn	
Stillborn	
Total deaths	

AUTOPSIES

Medical	
Surgical	
Obstetrical	
Newborn	
Stillborn	
Total autopsies	

CAUSES OF DEATH

_____ _____

_____

_____

_____

_____

_____

_____

_____ _____

_____

_____

_____

Total deaths

UNIMPROVED

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Total unimproved

BLANK RECOMMENDED FOR USE IN MONTHLY ANALYSIS OF HOSPITAL SERVICE

LIST OF APPROVED HOSPITALS, CAPACITY OF 100 OR MORE BEDS

The following list contains the names of those general hospitals of one hundred or more beds in the United States and Canada which meet the minimum standard. In this list a certain number of the institutions are designated with an asterisk. This group includes those hospitals which, when visited, had adopted the fundamental principles of the minimum standard, but which at that time had not had sufficient opportunity to develop all of them to a degree meriting the fullest approval. The hospitals listed without an asterisk, having instituted these measures at an earlier date, had received the benefits of a longer experience in the workings of the program and consequently a broader conception of its application.

UNITED STATES

ALABAMA

Employees Hospital, T. C. I. & R. R. Co., Birmingham
*Hillman Hospital, Birmingham
Mobile City Hospital, Mobile
South Highlands Infirmary, Birmingham

ARKANSAS

*Logan H. Roots Memorial Hospital, Little Rock
St. Louis Southwestern Hospital, Texarkana
St. Vincent's Hospital, Little Rock

CALIFORNIA

Alameda County Hospital, San Leandro
Children's Hospital, San Francisco
*Franklin Hospital, San Francisco
*French Hospital, San Francisco
*Hospital of the Good Samaritan, Los Angeles
Lane Hospital, San Francisco
Los Angeles County Hospital, Los Angeles
Mary's Help Hospital, San Francisco
Mount Zion Hospital, San Francisco
*O'Connor Sanitarium, San Jose
Pasadena Hospital, Pasadena
*Providence Hospital, Oakland
St. Francis' Hospital, San Francisco
St. Joseph's Hospital, San Francisco
St. Joseph's Sanitarium, San Diego
*St. Luke's Hospital, San Francisco
St. Mary's Hospital, San Francisco
St. Vincent's Hospital, Los Angeles
San Diego County Hospital, San Diego
San Francisco Hospital, San Francisco
*San Joaquin County Hospital, French Camp
Santa Barbara Cottage Hospital, Santa Barbara
Santa Clara County Hospital, San Jose
Santa Fe Coast Lines Hospital, Los Angeles
Southern Pacific Hospital, San Francisco
*Stanford Hospital, San Francisco
University of California Hospital, San Francisco
White Memorial Hospital, Los Angeles

COLORADO

*Denver City and County Hospital, Denver
Glockner Sanatorium and Hospital, Colorado Springs
*Mercy Hospital, Denver
Minnequa Hospital, Pueblo
*St. Anthony's Hospital, Denver
*St. Francis' Hospital, Colorado Springs
*St. Mary's Hospital, Pueblo

CONNECTICUT

Bridgeport Hospital, Bridgeport
Grace Hospital, New Haven
Greenwich General Hospital, Greenwich
Hartford Hospital, Hartford
Lawrence and Memorial Associated Hospitals, New London
New Haven Hospital, New Haven
St. Francis' Hospital, Hartford
St. Mary's Hospital, Waterbury
St. Vincent's Hospital, Bridgeport
*Stamford Hospital, Stamford
Waterbury Hospital, Waterbury

DELAWARE

Delaware Hospital, Wilmington

DISTRICT OF COLUMBIA

Central Dispensary and Emergency Hospital, Washington
Children's Hospital, Washington
Columbia Hospital for Women, Washington
Freedman's Hospital, Washington
Garfield Memorial Hospital, Washington
George Washington University Hospital, Washington
Georgetown University Hospital, Washington
Providence Hospital, Washington
*Washington Sanitarium, Washington

GEORGIA

Georgia Baptist Hospital, Atlanta
Grady Memorial Hospital, Atlanta
Harbin Hospital, Rome
University Hospital, Augusta

IDAHO

St. Alphonsus Hospital, Boise

ILLINOIS

Alexian Brothers' Hospital, Chicago
*American Hospital, Chicago
Augustana Hospital, Chicago
Chicago Lying-In Hospital, Chicago
Children's Memorial Hospital, Chicago
Columbus Hospital, Chicago
Cook County Hospital, Chicago
Evanston Hospital, Evanston
*Frances E. Willard Hospital, Chicago
Grant Hospital, Chicago
Hahnemann Hospital, Chicago
*Hospital of St. Anthony de Padua, Chicago
Illinois Central Hospital, Chicago
*Illinois Charitable Eye and Ear Infirmary, Chicago

ILLINOIS—Continued

*John C. Proctor Hospital, Peoria
Mercy Hospital, Chicago
Michael Reese Hospital, Chicago
Presbyterian Hospital, Chicago
Rockford Hospital, Rockford
St. Anne's Hospital, Chicago
St. Bernard's Hospital, Chicago
*St. Elizabeth's Hospital, Chicago
*St. Elizabeth's Hospital, Danville
St. Francis' Hospital, Blue Island
*St. Francis' Hospital, Evanston
*St. Francis' Hospital, Peoria
St. Joseph's Hospital, Chicago
St. Luke's Hospital, Chicago
*St. Mary's Hospital, Cairo
*St. Mary's Hospital, East St. Louis
St. Mary's Hospital, La Salle
St. Mary of Nazareth Hospital, Chicago
*St. Vincent's Hospital, Belleville
South Shore Hospital, Chicago
Swedish Covenant Hospital, Chicago
Wesley Memorial Hospital, Chicago

INDIANA

Indianapolis City Hospital, Indianapolis
Methodist Episcopal Hospital, Indianapolis
Robert W. Long Hospital, Indianapolis
St. Anthony's Hospital, Terre Haute
St. Elizabeth's Hospital, LaFayette
St. Joseph's Hospital, Fort Wayne
St. Margaret's Hospital, Hammond
St. Mary's Hospital, Evansville
St. Mary's Mercy Hospital, Gary
St. Vincent's Hospital, Indianapolis

IOWA

Finley Hospital, Dubuque
Iowa Lutheran Hospital, Des Moines
*Iowa Methodist Hospital, Des Moines
Jennie Edmundson Hospital, Council Bluffs
Mercy Hospital, Council Bluffs
Mercy Hospital, Davenport
*Mercy Hospital, Des Moines
St. Francis' Hospital, Waterloo
St. Joseph's Mercy Hospital, Dubuque
St. Joseph's Mercy Hospital, Sioux City
St. Vincent's Hospital, Sioux City
University Hospital, Iowa City

KANSAS

*Bethany Methodist Hospital, Kansas City
St. Francis' Hospital, Wichita
St. Margaret's Hospital, Kansas City

KENTUCKY

Good Samaritan Hospital, Lexington
Louisville City Hospital, Louisville
Norton Memorial Infirmary, Louisville
St. Anthony's Hospital, Louisville
*St. Elizabeth's Hospital, Covington
SS. Elizabeth and Mary Hospital, Louisville
St. Joseph's Hospital, Lexington
St. Joseph's Infirmary, Louisville

LOUISIANA

Charity Hospital, New Orleans
*Hotel Dieu, New Orleans

LOUISIANA—Continued

St. Francis' Hospital, Monroe
T. E. Schumpert Memorial Hospital, Shreveport
Touro Infirmary, New Orleans

MAINE

Eastern Maine General Hospital, Bangor
*St. Mary's General Hospital, Lewiston

MARYLAND

Bay View City Hospital, Baltimore
Church Home and Infirmary, Baltimore
*Franklin Square Hospital, Baltimore
Hebrew Hospital and Asylum, Baltimore
Hospital for Women of Maryland, Baltimore
Johns Hopkins Hospital, Baltimore
Maryland General Hospital, Baltimore
Mercy Hospital, Baltimore
Morrow Hospital, Baltimore
St. Agnes' Hospital, Baltimore
St. Joseph's Hospital, Baltimore
Union Memorial Hospital, Baltimore
University Hospital, Baltimore

MASSACHUSETTS

Boston City Hospital, Boston
Brockton Hospital, Brockton
*Burbank Hospital, Fitchburg
Cambridge City Hospital, Cambridge
*Cambridge Hospital, Cambridge
Carney Hospital, Boston
Children's Hospital, Boston
City Hospital, Fall River
*Cooley-Dickinson Hospital, Northampton
Holyoke City Hospital, Holyoke
Lawrence General Hospital, Lawrence
Long Island Hospital, Boston
Lowell Corporation Hospital, Lowell
Lowell General Hospital, Lowell
Lynn Hospital, Lynn
Massachusetts Charitable Eye and Ear Infirmary, Boston
Massachusetts General Hospital, Boston
Massachusetts Homeopathic Hospital, Boston
Memorial Hospital, Worcester
Mercy Hospital, Springfield
New England Hospital for Women and Children, Boston
Newton Hospital, Newton Lower Falls
Peter Bent Brigham Hospital, Boston
Providence Hospital, Holyoke
St. Elizabeth's Hospital, Boston
St. John's Hospital, Lowell
*St. Luke's Hospital, New Bedford
St. Vincent's Hospital, Worcester
Salem Hospital, Salem
Springfield Hospital, Springfield
Union Hospital, Fall River
Worcester City Hospital, Worcester

MICHIGAN

Battle Creek Sanitarium, Battle Creek
Blodgett Memorial Hospital, Grand Rapids
Butterworth Hospital, Grand Rapids
Children's Free Hospital, Detroit
Detroit Receiving Hospital, Detroit
Grace Hospital, Detroit
Hackley Hospital, Muskegon
Harper Hospital, Detroit
Henry Ford Hospital, Detroit

MICHIGAN—Continued

Highland Park General Hospital, Highland Park
House of Providence, Detroit
St. Joseph's Hospital, Ann Arbor
St. Mary's Hospital, Grand Rapids
St. Mary's Hospital, Detroit
University Hospital, Ann Arbor
University of Michigan Homeopathic Hospital, Ann Arbor
Woman's Hospital and Infant's Home, Detroit

MINNESOTA

Bethesda Hospital, St. Paul
Charles T. Miller Hospital, St. Paul
City and County Hospital, St. Paul
Colonial Hospital, Rochester
Deaconess Hospital, Minneapolis
*Eitel Hospital, Minneapolis
*Fairview Hospital, Minneapolis
Minneapolis General Hospital, Minneapolis
Mounds Park Sanitarium, St. Paul
Northwestern Hospital, Minneapolis
St. Joseph's Hospital, St. Paul
*St. Luke's Hospital, St. Paul
St. Mary's Hospital, Duluth
St. Mary's Hospital, Minneapolis
St. Mary's Hospital, Rochester
*St. Paul Hospital, St. Paul
*Swedish Hospital, Minneapolis
University of Minnesota Hospital, Minneapolis
Worrell Hospital, Rochester

MISSISSIPPI

Matty Hersee Hospital, Meridian

MISSOURI

Alexian Brothers' Hospital, St. Louis
Barnes Hospital, St. Louis
Children's Hospital, Kansas City
*Christian Church Hospital, Kansas City
*Evangelical Deaconess Home and Hospital, St. Louis
Jewish Hospital, St. Louis
Kansas City General Hospital, Kansas City
Lutheran Hospital, St. Louis
*Mullanphy Hospital, St. Louis
Research Hospital, Kansas City
St. Anthony's Hospital, St. Louis
St. John's Hospital, St. Louis
St. Joseph's Hospital, Kansas City
St. Louis Children's Hospital, St. Louis
St. Louis City Hospital, St. Louis
St. Luke's Hospital, St. Louis
St. Mary's Hospital, Kansas City
St. Mary's Infirmary, St. Louis

MONTANA

Columbus Hospital, Great Falls
Montana Deaconess Hospital, Great Falls
Murray Hospital, Butte
St. James' Hospital, Butte
St. Patrick's Hospital, Missoula

NEBRASKA

*Nebraska Methodist Hospital, Omaha
*Nebraska Orthopedic Hospital and Home, Lincoln
St. Elizabeth's Hospital, Lincoln
St. Francis' Hospital, Grand Island
St. Joseph's Hospital, Omaha
*St. Mary's Hospital, Columbus
University of Nebraska Hospital, Omaha

NEW HAMPSHIRE

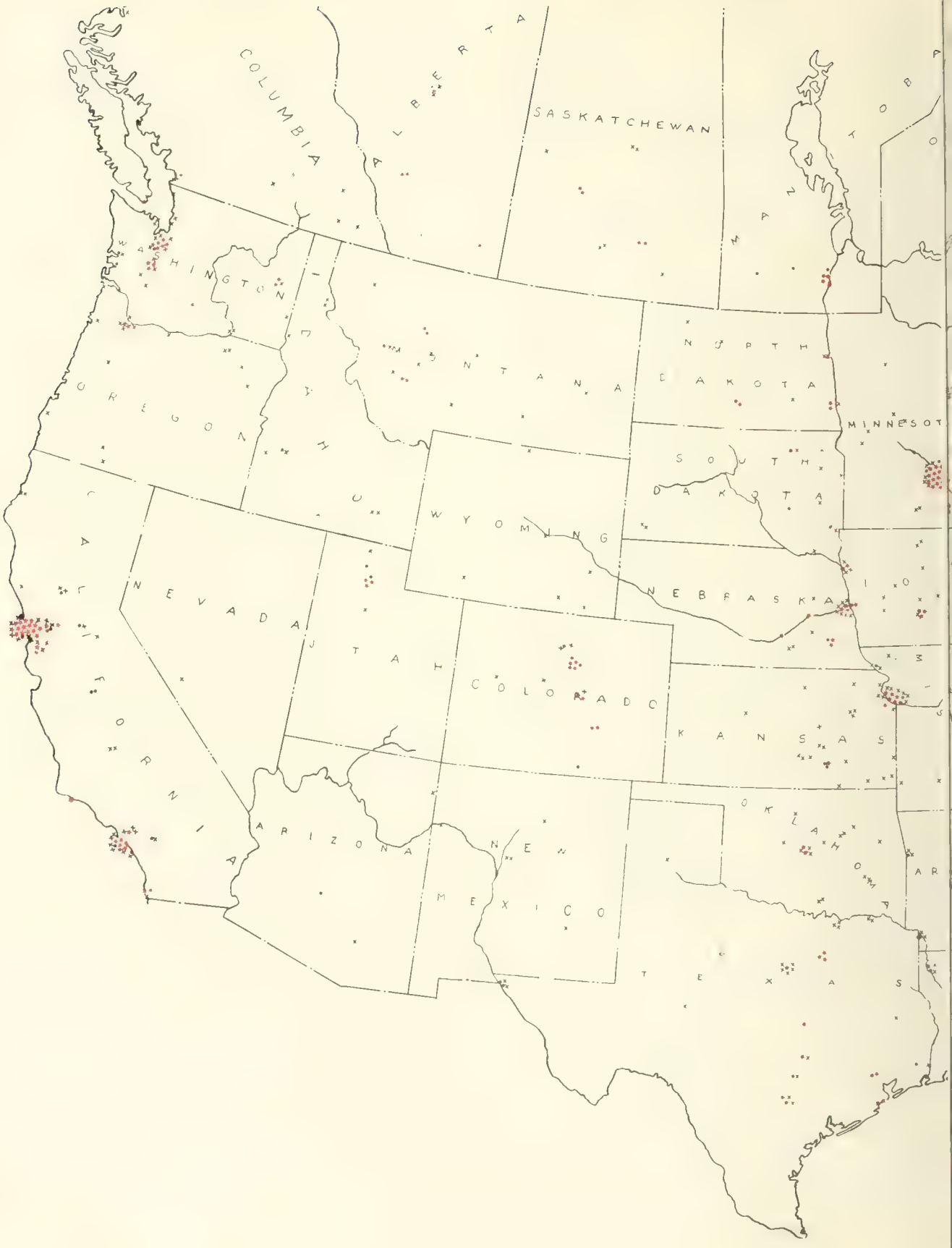
St. Joseph's Hospital, Nashua

NEW JERSEY

*Alexian Brothers' Hospital, Elizabeth
Atlantic City Hospital, Atlantic City
Bayonne Hospital and Dispensary, Bayonne
Christ Hospital, Jersey City
Cooper Hospital, Camden
Elizabeth General Hospital, Elizabeth
Hackensack Hospital, Hackensack
Jersey City Hospital, Jersey City
Mercer Hospital, Trenton
Monmouth Memorial Hospital, Long Branch
Morristown Memorial Hospital, Morristown
Mountainside Hospital, Montclair
Muhlenberg Hospital, Plainfield
Newark Beth Israel Hospital, Newark
Newark City Hospital, Newark
Newark Memorial Hospital, Newark
Orange Memorial Hospital, Orange
Passaic General Hospital, Passaic
Paterson General Hospital, Paterson
St. Elizabeth's Hospital, Elizabeth
St. Francis' Hospital, Trenton
*St. Joseph's Hospital, Paterson
*St. Mary's Hospital, Hoboken
*St. Mary's Hospital, Orange
*St. Michael's Hospital, Newark

NEW YORK

Albany Hospital, Albany
Bellevue Hospital, New York
Beth Israel Hospital, New York
Beth Moses Hospital, Brooklyn
*Binghamton City Hospital, Binghamton
Broad Street Hospital, New York
Brooklyn Hospital, Brooklyn
Brownsville and East New York Hospital, Brooklyn
Buffalo City Hospital, Buffalo
Buffalo General Hospital, Buffalo
*Buffalo Homeopathic Hospital, Buffalo
*Buffalo Hospital of Sisters of Charity, Buffalo
*Bushwick Hospital, Brooklyn
Carson C. Peck Memorial Hospital, Brooklyn
*Children's Hospital, Buffalo
Clifton Springs Sanitarium, Clifton Springs
Community Hospital, New York
Coney Island Hospital, Brooklyn
*Crouse-Irving Hospital, Syracuse
Cumberland Street Hospital, Brooklyn
Ellis Hospital, Schenectady
*Flower Hospital, New York
Flushing Hospital and Dispensary, Flushing
Fordham Hospital, New York
French Benevolent Hospital, New York
*Good Shepherd Hospital, Syracuse
Gouverneur Hospital, New York
Greenpoint Hospital, Brooklyn
Hahnemann Hospital, New York
Harlem Hospital, New York
Highland Hospital, Rochester
Holy Family Hospital, Brooklyn
Homeopathic Hospital, Albany
Jewish Hospital, Brooklyn
Kings County Hospital, Brooklyn
Lebanon Hospital, New York
*Lenox Hill Hospital, New York
Lincoln Hospital, New York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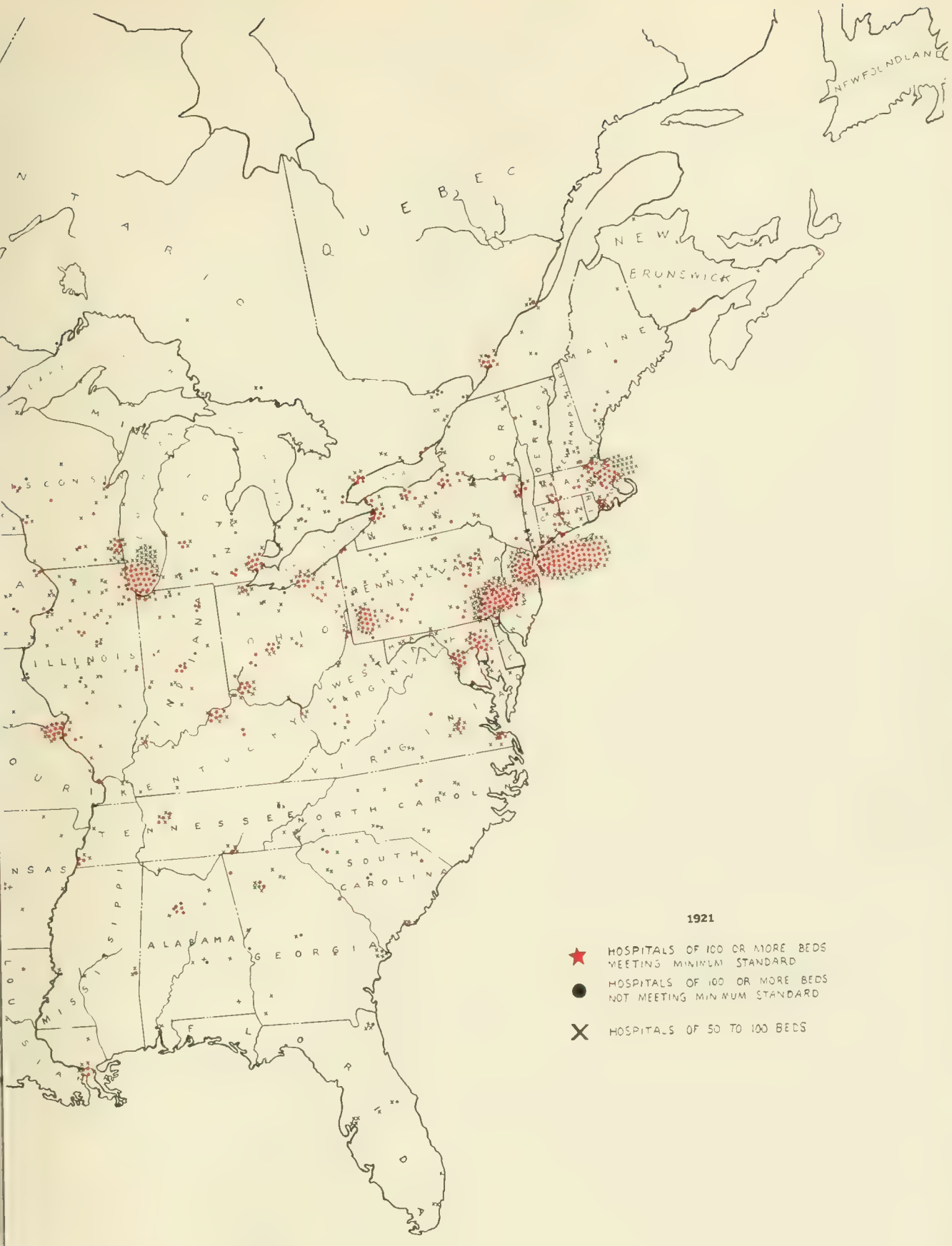
NEWFOUNDLAND
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ILLINOIS
WISCONSIN
MICHIGAN
WEST VIRGINIA
VIRGINIA
KENTUCKY
TENNESSEE
NORTH CAROLINA
SOUTH CAROLINA
GEORGIA
ALABAMA
FLORIDA
1921
HOSPITALS OF 100 OR MORE BEDS MEETING MINIMUM STANDARD
HOSPITALS OF 100 OR MORE BEDS NOT MEETING MINIMUM STANDARD
HOSPITALS OF 50 TO 100 BEDS

NEW YORK (Continued)

Long Island College Hospital, Brooklyn
*Manhattan Eye and Ear Hospital, New York
Memorial Hospital, New York
Methodist Episcopal Hospital, Brooklyn
Metropolitan Hospital, New York
Misericordia Hospital, New York
Mount St. Mary's Hospital, Niagara Falls
Mount Sinai Hospital, New York
*Mount Vernon Hospital, Mount Vernon
New York City Hospital, Blackwell's Island, New York
*New York Eye and Ear Infirmary, New York
*New York Foundling Home, New York
New York Hospital, New York
New York Hospital for Ruptured and Crippled, New York
New York Infirmary for Women and Children, New York
New York Nursery and Children's Hospital, New York
New York Orthopedic Hospital, New York
New York Post-Graduate Hospital, New York
New York Skin and Cancer Hospital, New York
*New York State Hospital for Crippled Children, West Haverstraw
*Niagara Falls Memorial Hospital, Niagara Falls
Norwegian Lutheran Deaconess Hospital, Brooklyn
*Oneida County Hospital, Rome
Presbyterian Hospital, New York
Rochester General Hospital, Rochester
Rochester Homeopathic Hospital, Rochester
Roosevelt Hospital, New York
St. Catherine's Hospital, Brooklyn
St. Francis' Hospital, New York
St. John's Brooklyn Hospital, Brooklyn
St. John's Hospital, Long Island
St. John's Riverside Hospital, Yonkers
*St. Joseph's Hospital, Syracuse
St. Luke's Hospital, New York
St. Mark's Hospital, New York
St. Mary's Free Hospital for Children, New York
St. Mary's Hospital, Brooklyn
*St. Mary's Hospital, Rochester
*St. Peter's Hospital, Albany
*St. Peter's Hospital, Brooklyn
St. Vincent's Hospital, New York
Samaritan Hospital, Troy
Sloane Hospital for Women, New York
Staten Island Hospital, Tompkinsville
Syracuse Memorial Hospital, Syracuse
Troy Hospital, Troy
Woman's Hospital, New York
Wyckoff Heights Hospital, Brooklyn
*Yonkers Homeopathic Hospital, Yonkers

NORTH CAROLINA

*Watts Hospital, West Durham

NORTH DAKOTA

Bismarck Evangelical Deaconess Hospital, Bismarck
*Grand Forks Deaconess Hospital, Grand Forks
St. Alexius' Hospital, Bismarck
St. John's Hospital, Fargo
St. Luke's Hospital, Fargo

OHIO

*Aultman Hospital, Canton
Bethesda Hospital, Cincinnati
Christ Hospital, Cincinnati
Cincinnati General Hospital, Cincinnati
City Hospital of Akron, Akron
Cleveland City Hospital, Cleveland

OHIO (Continued)

Good Samaritan Hospital, Cincinnati
Good Samaritan Hospital, Zanesville
Grant Hospital, Columbus
Hawkes Hospital of Mount Carmel, Columbus
Jewish Hospital, Cincinnati
Lakeside Hospital, Cleveland
*Mercy Hospital, Hamilton
Miami Valley Hospital, Dayton
Mount Sinai Hospital, Cleveland
*Peoples Hospital, Akron
*Protestant Hospital Association, Columbus
St. Alexis' Hospital, Cleveland
St. Elizabeth's Hospital, Youngstown
St. Francis' Hospital, Columbus
St. John's Hospital, Cleveland
*St. Luke's Hospital, Cleveland
St. Mary's Hospital, Cincinnati
St. Rita's Hospital, Lima
St. Vincent's Hospital, Cleveland
St. Vincent's Hospital, Toledo
Springfield City Hospital, Springfield
Toledo Hospital, Toledo
*Youngstown Hospital, Youngstown

OKLAHOMA

St. Anthony's Hospital, Oklahoma
State University Hospital, Oklahoma

OREGON

Emanuel Hospital, Portland
*Good Samaritan Hospital, Portland
St. Vincent's Hospital, Portland

PENNSYLVANIA

Allegheny General Hospital, Pittsburgh
Allentown Hospital, Allentown
Altoona Hospital, Altoona
Braddock General Hospital, Braddock
Chester County Hospital, West Chester
Chester Hospital, Chester
Children's Homeopathic Hospital, Philadelphia
Clearfield Hospital, Clearfield
Columbia Hospital, Pittsburgh
Conemaugh Valley Memorial Hospital, Johnstown
Easton Hospital, Easton
Elizabeth Steel Magee Hospital, Pittsburgh
Frankford Hospital, Philadelphia
George F. Geisinger Hospital, Danville
Germantown Dispensary and Hospital, Philadelphia
Hahnemann Medical College Hospital, Philadelphia
*Hamot Hospital, Erie
Harrisburg Hospital, Harrisburg
Homeopathic Medical and Surgical Hospital, Pittsburgh
Hospital of the Protestant Episcopal Church, Philadelphia
Hospital of the University of Pennsylvania, Philadelphia
Hospital of the Women's Medical College, Philadelphia
Jefferson Medical College Hospital, Philadelphia
Jewish Hospital, Philadelphia
Lancaster General Hospital, Lancaster
Lankenau Hospital, Philadelphia
*Medical, Surgical, and Maternity Hospital of the Women's Homeopathic Association, Philadelphia
Medico-Chirurgical Hospital, Philadelphia
*Memorial Hospital, Philadelphia
Mercy Hospital, Johnstown
Mercy Hospital, Pittsburgh
Mercy Hospital, Wilkes-Barre
Methodist Episcopal Hospital, Philadelphia

PENNSYLVANIA—Continued

Misericordia Hospital, Philadelphia
Moses Taylor Hospital, Scranton
Passavant Hospital, Pittsburgh
Pennsylvania Hospital, Philadelphia
Philadelphia General Hospital, Philadelphia
Philadelphia Polyclinic Hospital, Philadelphia
Pittsburgh Hospital, Pittsburgh
Pottsville Hospital, Pottsville
Presbyterian Hospital, Philadelphia
Presbyterian Hospital, Pittsburgh
Reading Hospital, Reading
Robert Packer Hospital, Sayre
Sacred Heart Hospital, Allentown
St. Agnes' Hospital, Philadelphia
St. Francis' Hospital, Pittsburgh
*St. John's General Hospital, Pittsburgh
*St. Joseph's Hospital, Lancaster
St. Joseph's Hospital, Philadelphia
St. Joseph's Hospital, Pittsburgh
St. Luke's Hospital, South Bethlehem
St. Margaret's Hospital, Pittsburgh
St. Mary's Hospital, Philadelphia
St. Vincent's Hospital, Erie
Samaritan Hospital, Philadelphia
South Side Hospital, Pittsburgh
*State Hospital for Injured Persons, Ashland
State Hospital of the Middle Coal Fields, Hazelton
*State Hospital of the Northern Anthracite Coal Regions, Scranton
Western Pennsylvania Hospital, Pittsburgh
Wilkes-Barre City Hospital, Wilkes-Barre
Wills Hospital, Philadelphia
Woman's Hospital, Philadelphia
York Hospital and Dispensary, York

RHODE ISLAND

Rhode Island Hospital, Providence
St. Joseph's Hospital, Providence

SOUTH CAROLINA

Chick Springs Sanitarium, Chick Springs
Florence Infirmary, Florence
Roper Hospital, Charleston

SOUTH DAKOTA

McKennan Hospital, Sioux Falls
*St. Luke's Hospital, Aberdeen

TENNESSEE

Baptist Memorial Hospital, Memphis
Erlanger Hospital, Chattanooga
Memphis General Hospital, Memphis
*Nashville City Hospital, Nashville
St. Joseph's Hospital, Memphis
St. Thomas' Hospital, Nashville
Vanderbilt University Hospital, Nashville

TEXAS

Baptist Sanitarium and Hospital, Houston
Baylor Hospital, Dallas
John Sealy Hospital, Galveston
*Parkland Hospital, Dallas
Providence Hospital, Waco
Robert B. Green Memorial Hospital, San Antonio
St. Joseph's Infirmary, Fort Worth
St. Joseph's Infirmary, Houston
St. Mary's Infirmary, Galveston

TEXAS—Continued

St. Paul's Sanitarium, Dallas
Santa Rosa Infirmary, San Antonio
Temple Sanitarium, Temple

UTAH

*Doctor W. H. Groves Latter Day Saints Hospital, Salt Lake City
Holy Cross Hospital, Salt Lake City
St. Mark's Hospital, Salt Lake City

VERMONT

Mary Fletcher Hospital, Burlington

VIRGINIA

Hospital Division of the Medical College of Virginia, Richmond
Norfolk Protestant Hospital, Norfolk
St. Vincent's Hospital, Norfolk
University of Virginia Hospital, Charlottesville
Virginia Hospital, Richmond

WASHINGTON

Children's Orthopedic Hospital, Seattle
Columbus Sanitarium, Seattle
*Northern Pacific Hospital, Tacoma
Providence Hospital, Seattle
Sacred Heart Hospital, Spokane
St. Elizabeth's Hospital, North Yakima
St. Joseph's Hospital, Tacoma
St. Luke's Hospital, Spokane
Seattle City Hospital, Seattle
Seattle General Hospital, Seattle
Swedish Hospital, Seattle
Tacoma General Hospital, Tacoma

WEST VIRGINIA

*Charleston General Hospital, Charleston
Kessler-Hatfield Hospital, Huntington
Ohio Valley General Hospital, Wheeling
St. Mary's Hospital, Clarksburg
Sheltering Arms Hospital, Hansford
*Wheeling Hospital, Wheeling

WISCONSIN

LaCrosse Lutheran Hospital, LaCrosse
Luther Hospital, Eau Claire
Madison General Hospital, Madison
Milwaukee County Hospital, Milwaukee
Milwaukee Hospital, Milwaukee
Mount Sinai Hospital, Milwaukee
Sacred Heart Hospital, Eau Claire
St. Agnes' Hospital, Fond du Lac
St. Francis' Hospital, LaCrosse
St. Joseph's Hospital, Marshfield
St. Joseph's Hospital, Milwaukee
St. Mary's Hospital, Green Bay
*St. Mary's Hospital, Superior
Trinity Hospital, Milwaukee

CANADA

ALBERTA

General Hospital, Calgary
*General Hospital, Edmonton
General Hospital, Medicine Hat
Holy Cross Hospital, Calgary
*Royal Alexandra Hospital, Edmonton

BRITISH COLUMBIA

Provincial Royal Jubilee Hospital, Victoria
Royal Columbia Hospital, New Westminster
Royal Inland Hospital, Kamloops
St. Joseph's Hospital, Victoria
St. Paul's Hospital, Vancouver
Vancouver General Hospital, Vancouver

MANITOBA

Children's Hospital, Winnipeg
General Hospital, Winnipeg
Misericordia Hospital, Winnipeg
St. Boniface Hospital, St. Boniface

NEW BRUNSWICK

General Hospital, St. John

NOVA SCOTIA

St. Joseph's Hospital, Glace Bay
Victoria General Hospital, Halifax

ONTARIO

*General Hospital, Hamilton
General Hospital, Kingston
Grace Hospital, Toronto
Hospital for Sick Children, Toronto
Hotel Dieu, Kingston
St. Michael's Hospital, Toronto
*Toronto General Hospital, Toronto
Victoria General Hospital, London

QUEBEC

Children's Memorial Hospital, Montreal
Hotel Dieu, Montreal
Jeffrey Hale Hospital, Quebec
Montreal General Hospital, Montreal
Notre Dame Hospital, Montreal
Royal Victoria Hospital, Montreal
*Western Hospital, Montreal

SASKATCHEWAN

City Hospital, Saskatoon
Grey Nun's Hospital, Regina
Regina General Hospital, Regina
St. Paul's Hospital, Saskatoon

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